

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6431

1886

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 Hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2840 N. Spring Ave</b>				d. STREET ADDRESS (If rural, give location) <b>4360a Vista Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>William</b>		c. (Last) <b>Langer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 24 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>December 18 1888</b>	
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Production Dept</b>		11. BIRTHPLACE (State or foreign country) <b>Lipstadt Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Langer</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Farmer</b>		14. NAME OF HUSBAND OR WIFE <b>Annabelle Langer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-16-9977</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Annabelle Langer 4360a Vista Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>4/201</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>4 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Feb. 20</b> , 19 <b>50</b> , to <b>Feb. 24</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Feb. 21</b> , 19 <b>50</b> , and that death occurred at <b>9:15 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Albert W. Warr</b>		23b. ADDRESS <b>5322 Helen Ave</b>		23c. DATE SIGNED <b>2/25/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 28 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 27 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Langer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F Feutz 4828 Nat Bridge Blvd</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

97610 am

686213

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ralph C. Linder*

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.